Child Psychiatry in the U.S.S.R.

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The opportunity to study the patterns of child psychiatry in the U.S.S.R. came as an added dividend on a study mission to the U.S.S.R. for the President's Panel on Mental Retardation in June, 1962. This mission was the first under our new cultural agreement with the U.S.S.R. (Benny Goodman's band was the second exchange). Even though the mission was made up of only six members, it had diverse interests including neurophysiology, neurochemistry, pediatrics, and psychology, as well as child psychiatry. An effort was made by the Academies of Medical and Pedagogical Sciences to arrange for us to see any resources and people which could help us collect information about the special interests we represented in addition to our primary explorations in the field of mental retardation. Most of the almost three weeks we were in the U.S.S.R. were spent in the three major cities, Moscow, Leningrad, and Kiev, with a few excursions to visit facilities in the country.

Our Soviet child psychiatric colleagues who were particularly helpful in piecing together for us the following material included Messrs. Ushakoff, Moslayeva, and Vrono from the Child Psychiatry Hospital of Professor Sukhareva in Moscow, Professor Abramovitch of the Bechterev Institute of Psychiatry, and Professor Menuchin and his assistant, Dr. Bogdonova, of the Institute of Pediatrics (Tur) in Leningrad.

Child psychiatry in the U.S.S.R., also known as child psychoneurology, is conducted by three groups of physicians:[1]

[1] A Soviet physician is not called a doctor, but rather a *vratch,* the title granted after a six-year course on graduation from the eleventh grade.

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(a) Child psychiatrists, better known as child psychoneurologists, who are psychiatrists with a specialty rating in child psychiatry and who deal with "the psychiatry of borderline forms of disease in children," chiefly organic in nature.

(b) Child neuropathologists, the title (confusing to us at first) given to those who do therapy with the neuroses of childhood, including the behavior disorders. They may be either psychiatrists or pediatricians with special training.

(c) Pediatric psychoneurologists, who are specialized pediatricians, work in general medical dispensaries known as polyclinics, in schools, nurseries, and institutions. Many of the child psychiatrists and pediatric psychoneurologists also do some psychotherapy.

The specialty training of child psychiatrists began in the U.S.S.R. about 1930 with a program at the Moscow Institute for the Protection of the Health of Children and Adolescents. Formal postgraduate training began in 1935 and continued until the start of the "Great Patriotic War" (World War II) in a Department of Child Psychiatry of the Central Institute for the Advanced Training of Physicians. In 1952, the U.S.S.R. Ministry of Health's Order No. 805 established criteria for the specialized psychoneurological care of children and adolescents, as well as organization tables of institutions for children, providing places for "medical psychoneurologists." In 1955, the Department of Psychiatry was re-established in the Central Institute under Professor G. Ye. Sukhareva. This is centralized at the Division of Child Psychiatry in the No. 1 Pediatric Ward of the Kasachenko Municipal Clinical Neuropsychological Hospital in Moscow. Four other training centers are reported to exist in Moscow, Leningrad, Kharkov, and Svirdlovsk. The program is in the midst of its participation in the current national seven-year plan.

Theoretical and practical training in child neuropathology is offered in the Department of Neuropathology and the Neurological Section of the Department of Pediatrics of the Central Institute for the Advanced Training of Physicians. In Moscow this is based at the Dzeizhinsky Municipal Clinical Children's Hospital.

Child psychiatry training is at three levels:

1. A "first specialization" is accomplished by an adult psychiatrist or a pediatrician taking a didactic and practical course at one of the four training centers. These courses last five months for pediatricians

and four months for psychiatrists. They have outpatient observations and some contact with patients twice a week, but most of their practice work appears to be with inpatients. Following this training, they are assigned as child psychoneurologists to a dispensary or polyclinic which are the outpatient general medical services, manned by a variety of specialists. Here, the trainees are the front line in child psychiatric work, concentrating on psychoneurology or neuropathology as determined by the emphasis in their training. The ultimate aim is to have such personnel in every polyclinic throughout the country. At present, this is true chiefly in the large cities.

These trainees, after two years of practical experience in a clinic, return for a four-to-six-months more advanced course. Following this second sequence, they obtain a certificate as specialists and have an increase in pay.

2. More advanced pediatric psychoneurologists and neuropathologists are nominated from among the ranks of pediatricians and offered a two-year practicum in a child psychiatry training center. This includes work with both inpatients and outpatients. Following this, these trainees, as specialists, are assigned to such settings as children's institutions, medical schools, and diagnostic centers of a more specialized nature on an outpatient basis. It is found that those who start in this field from pediatrics tend to stay in child psychiatry work. Besides, there is an increasing reluctance to "convert" adult psychiatrists to child psychiatry since adult psychiatrists are also in short supply.

3. "Aspirante" training in child psychiatry roughly corresponds to the American residency or fellowship and covers a period of three years. It ends with the "candidate" degree which is the equivalent of the Western doctorate. Graduates of this program have supervisory and/or teaching assignments with appropriate increases in salary from the basic level of the practitioner and can progress to higher levels, such as assistant, docent, doctor of sciences (finally entitling them to be called "doctor"), then professor, and eventually academician.

There is a salary increase of 15 to 30 per cent as incentive pay for physicians who are working in psychiatry. With additional training this is added to, according to the level of training. A psychiatrist, as does everyone, works six hours a day, six days a week and retires on a pension at sixty.

Short-course postgraduate training is offered (three to five days) for pediatricians working in a variety of roles, e.g., as "rheumatologists," school physicians, and pediatricians in children's institutions. The advanced child psychoneurologists are given ten- to thirty-day courses on selected subjects, preceded by correspondence courses consisting of "schedules" of the subject matter and the appropriate literature. There is a movement afoot for a teaching faculty to go to different republics or states and give advanced courses to assist the physician to do independent work.

In the last seven years, about 700 child psychiatrists have been trained in the U.S.S.R. Approximately 200 of these are pediatric psychoneurologists. About 30 "candidates" have completed their training. Four have achieved the status of Doctor of Science in Child Psychiatry. In spite of all these efforts, there have been no trainees sent to these training programs from the Ministries of Health in a number of republics, including Georgia, Moldavia, Lithuania, and Estonia. There is also the complaint that inefficiency in assignments complicates the work of the training faculty. As one example, psychiatrists are sent to take the courses for pediatricians and vice versa.

The content of training covers the "clinical aspects and especially the therapy of psychoneurological diseases of childhood." Instruction is oriented around the "age-linked peculiarities of the child organism, its anatomy and physiology." Clinical thinking about neurological and mental illness in childhood is from the viewpoint of I.P. Pavlov's teachings about "higher nervous activity." "Somatic and particularly the endocrine and metabolic disturbances that are observed in psychoneurological illnesses in childhood are analyzed. Psychoneurological disorders are regarded as diseases of the organism as a whole." The students study contemporary investigative methods covering "higher nervous activity," autonomic functions, plethysmography, EEG, and biochemical methods. Psychopharmacology is emphasized. Numerous visits to psychoneurological institutions, nurseries, and schools for children are made to study "practical tasks of organization."

When training is completed, working assignments are made by Directors of Public Health agencies from which the trainee came. Assignments may be made to Ministry of Health facilities (such as clinics, hospital wards, or an institution for children with psychoses and/or organic problems such as epilepsy), to a Ministry of Education

facility (usually schools, day and boarding, for the educable retarded) or to a Ministry of Social Welfare institution for the severely retarded or chronically mentally ill.

In general, children's mental disorders are considered to have organic bases. Professor Sukhareva, the dean of Soviet child psychiatry, feels that such disorders fall into three etiological groups: (1) hereditary (biochemical abnormalities); (2) embryonal pathology, occurring often four to eight weeks after conception (usually infectious, i.e., toxoplasmosis, lues, rubella, etc.); (3) brain damage, pre- or postnatal. Psychoneuroses are, according to Professor Abramovitch, made possible by a damaged nervous system which is exposed to environmental stress or improper training.

Mostly biological treatment methods are used. At present, the greatest emphasis is on the psychopharmacological approaches such as the tranquilizers, "neuroleptics," antidepressants, and monoamine oxidase inhibitors. In schizophrenia, a great deal of insulin therapy combined with these drugs is the currently preferred approach. If there has been any infection in the etiology, antibiotics are used. Glandular therapy is extensive. Glutamic acid is very popular. Sleep therapy is used and may be induced electrically, by drugs or by hypnosis.

In some of the children's psychiatric hospitals, each child is seen in psychotherapy daily if necessary. There are no playrooms. Psychotherapy consists of talking to the child on a "rational" basis. Recently, particularly with older children, "autobiographical" therapy is used, but it is emphasized repeatedly that it is not psychoanalytic. Sometimes, hypnosis is utilized. In the hospital and institutional settings, great emphasis is placed on a "disciplined" approach, by which is meant structuring of the child's environment and activities, particularly for hyperactive and acting-out children. In the large cities at least, the children's psychiatric hospitals are always very adequately staffed and usually have adequate play space. One even has its own zoo. Education is emphasized, even with the more retarded. There is a classroom for each dormitory room of twenty to thirty children. The teachers apply "corrective approaches" and often stay on after school to work with an individual child. Occupational therapy is used (called *ergo therapy*). For preschool children, especially those coming from a long distance for study, there are usually a few rooms where their mothers can stay with them.

In the outpatient services, whenever a parent or school or another physician refers a case to the child psychoneurologist, the child and parent are seen the same day and a diagnostic approach started. There are no social workers, intake procedures, or waiting lists.

When the problem cannot be handled by the clinic child psychoneurologist or neuropathologist, it is referred to either a specialized polyclinic, such as the outpatient department of a psychiatric hospital or to a child psychiatry inpatient service. Officially, the hospital must take every child referred to it. However, the hospital consults frequently with the local polyclinics, so that there is actually unofficial prior consultation about suitable cases for admission.

Children's psychiatric hospitals are usually mostly diagnostic and short-term therapy centers. After two weeks to six months in residence, children may go from the hospital back to the community (dispensary) physicians, and schools, or for further short-term milieu therapy to summer camps or the resident Forest Schools. They may also go to the variety of available institutions. There are 80 residential treatment centers and more than 100 special colonies for children with chronic mental disease, including severe oligophrenia.

When an effort was made to explore the interest in psychosomatic problems in children, it was indicated that such concepts would be discussed only if Freud was not mentioned. Psychological influences on physical manifestations are well recognized and are taught without very great emphasis to medical students. They are not considered part of the usual working interest of the child psychiatrist. Rather they are to be dealt with by the general practitioner or the pediatrician, usually with "rational" methods.

Only one interesting development in the treatment of psychosomatic aspects of disease was encountered. There are experiments being conducted on autosuggestion or self-induced first-stage hypnosis in inducing sleep and thus aborting asthmatic attacks.

If a child's difficulty is on a behavioral basis, the first responsibility for remedial approaches is given to the educators. Behavior problems, even if they are on a neurotic level, are considered environmental and social in origin. The first treatment attempts, therefore, are on a re-educational basis. "Discipline" is applied, meaning chiefly structuring the child's day and absorbing energies by activities and work. Other children and children's groups, usually Pioneer Youth members,

are utilized in corrective work. They put pressure on the patient to maintain the proper moral tone and meet responsibilities.

When educational methods fail with such children, they usually are sent to the dispensary neuropathologists. The neuropathologist often visits the home, the school, and even the factory where the parents work, as part of a diagnostic study. If therapy is decided on, on an outpatient basis, visits are once or twice a week, with medication freely used in conjunction.

Habit and conduct disorders are not considered to be related to the inner needs or organic problems of the child, but rather to the influence of the environment. Therefore, even delinquency is not considered to be within the province of the child psychiatrist.

It is quite difficult to get an accurate estimate of the incidence of habit and conduct disorders including delinquency because they are officially minimized as problems. Since they are considered to be learned behavior, educational, disciplinary, and retraining (conditioning) approaches are used in therapy; social pressure, applied by their fellow workers, organizations, and factory supervisor, etc., is exerted on the parents to control deviant children. Strengthening family life is encouraged; divorce is discouraged. Delinquents are also treated in groups in special institutions to get them away from street influences and if their families are resistive to change.

The teaching of child psychiatry in medical schools concentrates on the organic aspects of mentally ill children, including childhood schizophrenia, infections and traumatic lesions of the brain, epilepsy and oligophrenia. In the usual curriculum, of the thirty-six hours of didactic lectures in psychiatry in the sixth year, three are given exclusively to child psychiatry. However, childhood schizophrenia is considered with schizophrenia in general. Childhood epilepsy and encephalitis are similarly taken up with the same problems in adults. Thus, there are three weeks of "practicum" work, equivalent to our clerkships; correlated with the above-mentioned didactic lectures, for three hours a day on eighteen days, patients are seen, most often in demonstrations. In some schools, a team of two students will "work up" a child. Two days are spent specifically on developmental problems and two days on psychoneuroses and neuropathology (psychotherapy). The Soviet professors of child psychiatry share with us the

complaint common to most departmental chairmen—not having enough time in the total curriculum.

Child psychiatrists do not have a society of their own, but function in a Section of Child Psychoneurology of the U.S.S.R. Society of Psychoneurology. In 1961 an All-Russian Conference on Child Psychiatry and Child Neurology had more than 500 in attendance.

Research by child psychiatrists seems to concentrate on clinical methods of treatment and prophylaxis. Research in the service of child psychiatry and with child patients is carried on most actively by the defectologists, physiologists, biochemists, and psychologists. There is no equivalent for our clinical psychologist, and most of the psychological research is along physiological and applied lines. The child research pattern in many institutes follows the master plan for the institute program as a whole. All institutes of higher learning and research in the U.S.S.R. function as an arm of a National Academy, in this case the Academy of Medical Sciences.

The major theme of much of the research centers around problems of stimulation and inhibition of nervous system functioning. However, many other areas are being explored, including methods of artificial respiration for asphyxia of the newborn, measurement and modification of autonomic and perceptual functions, the fate of the nervous impulse, study of complex motion reflexes, phenomenology, the presence of intoxications in mental disorders, autoimmunology in mental patients and oligophrenics, endocrine activity of the adrenal system and the genital hormones, cybernetics, studies of ontogenesis, protein metabolism, typology of the tempo of humans, and studies of the developing nervous system in terms of "coalescence" of functions at birth, the order of development of segmental function, etc.

It should be kept in mind that this report covers two cities which are the Soviet showplaces. While the blueprint of child psychiatry services is laid down by decree, it will be a number of years before it can be carried out.